

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

101579639

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2	1						52						
3		2					53						
4		1					54						
5		2					55						
6		1					56						
7		2					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		2					63						
14		1					64						
15		1					65						
16		1					66						
17		2					67						
18		1					68						
19		2					69						
20		1					70						
21		2					71						
22		1					72						
23		2					73						
24		1					74						
25		2					75						
26		1					76						
27		1					77						
28		1					78						
29		2					79						
30		1					80						
31	1						81						
32		1					82						
33		1					83						
34		1					84						
35	1						85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	38	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	42						TOTAL CLAIMS						